

FOOD SERVICE CUSTOMER SURVEY							Form Approved OMB No. 0704-0188		
<small>Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of data, including suggestions for reducing this burden to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project, (0704-0188), Washington DC 20503. Please DO NOT RETURN your form to either of these addresses. Please give your completed form to the cashier or drop it in the customer comment box.</small>									
Our goal is to provide our customers with quality food, prompt courteous service, and a pleasant dining environment. You can help us accomplish this goal by answering the following questions.									
SECTION I - SURVEY INFORMATION (Place an "X" in the rating of your choice)									
1. SURVEY ITEM	EXCEL -	SATIS- FACTOR	UNSATIS -	2. DATE	3. TIME				
FOOD VARIETY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. FACILITY					
FOOD TASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
TEMPERATURE OF FOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
EMPLOYEE APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. TYPE OF SERVICE(Check one)					
COURTESY OF SERVERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHORT ORDER	<input type="checkbox"/>	MAIN LINE	<input type="checkbox"/>	OTHER (Specify in item 6 below)
OVERALL DINING EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6. COMMENTS AND SUGGESTIONS (Please be specific. Use reverse of form if additional space is necessary.)									
SECTION II - COMPLETE THIS SECTION IF CUSTOMER DESIRES A RESPONSE									
7. NAME OF CUSTOMER (Last, First, Middle Initial)				8. GRADE		9. UNIT OR ORGANIZATION		10. DUTY PHONE	

AF IMT 27, 19910101, V1

PREVIOUS EDITION IS OBSOLETE.

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).